

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/					51			
2		/				52			
3		/				53			
4		/				54			
5		/				55			
6		/				56			
7		/				57			
8		/				58			
9		/				59			
10		/				60			
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12		/				62			
13	/					63			
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18	/					68			
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40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	4					TOTAL IND.			
TOTAL DEP.	14					TOTAL DEP.			
TOTAL CLAIMS	18					TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS